

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/529 319** FILING DATE **3-25-05**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
-6			1			
-7			1			
-8			1			
-9			1			
-10			1			
-11			1			
-12			1			
13			1			
14			8			
15			1			
16			1			
17			1			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			22			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						